



EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

**Senior-level Health Security Committee Meeting
Château de Senningen, Luxembourg**

**Wednesday 17 and Thursday 18 April 2024
Summary Report**

Chair: Director-General Sandra Gallina, European Commission, DG SANTE

Participants: AT, BE, CY, CZ, DE, DK, EE, EL, FI, FR, HR, HU, IE, IT, LT, LU, LV, MT, NL, PL, PT, SI, SE, SK, LIE, NO, DG SANTE, DG ECHO, WHO, NATO, EEA, DG HERA, ECDC, EFSA, EMA

EU/EEA only

Agenda points

1. Approaches to health security from a military perspective
2. Mpox in Africa
3. Update on avian influenza
4. Implementation of the Regulation 2022/2371 on serious cross-border threats to health
5. Prevention in scope of the health security framework and the new ECDC mandate
6. Early Warning and Response System (EWRS): update on developments
7. The impact of climate on health
8. HSC 2024 work programme
9. Conclusion and next steps

Key messages:

1. Welcome

DG SANTE welcomed the Members of the HSC to the physical meeting in Luxembourg and presented the agenda for the two-day Plenary Meeting.

2. Approaches to health security from a military perspective

This session's objective was to exchange views on **collaboration between the civil and military** sectors to strengthen readiness, resilience, and capabilities required for effectively responding to health threats.

NATO provided an overview on health preparedness and planning within NATO, where resilience has been at the core and has taken up a broader definition since 2022. Resilience within NATO's allies involves civil areas where they need to **maintain continuity of critical service** while providing support to the military. NATO gave an overview of their Joint Health Group; a technical body that covers health preparedness and planning that relates to the allies' resilience to deal with mass casualties and other disruptive health crises.

EEAS (European External Action Service) presented an integrated approach to Health Security Resilience, including the **EU Common Security and Defense Policy and Integrated Approach**. This approach includes four pillars that focus on building partnerships, acting quickly and decisively in times of crisis, investing in capabilities and technology, securing against threats, and protecting EU citizens. EEAS gave an overview on

the informal civil-military network which aims to strengthen medical resilience and preparedness for major health event scenarios.

WHO gave an overview on their work in advancing civil-military collaboration to strengthen health emergency preparedness. This collaboration was designed to strengthen the International Health Regulation (IHR) capacities and implementation. WHO has developed a guidance document with the aim of providing the public health sector, military actors, and services guidance for establishing, advancing, and maintaining collaboration and coordination, with the focus on country core capacities required to effectively prevent, detect, respond to, recover from, and build back after health emergencies.

10. MPOX in Africa

EMA (European Medicines Agency) provided a short overview on the **current situation in Congo regarding the ongoing mpox outbreak**. EMA mentioned the possibility for donating vaccines for African countries to help them contain the spread and burden of disease but also to avoid a potential spread across the northern hemisphere.

11. Update on avian influenza

EFSA (European Food Safety Authority) gave an update on the avian influenza situation in Europe among domestic and wild bird populations. While the virus is being detected less frequently compared to previous years, cases are still being identified throughout the EU/EEA. EFSA also presented the epidemiological situation in mammal species, where there have been cases of avian influenza in foxes in the EU/EEA, but also goats, cats, and cattle in North America. EFSA presented **options for response** including maintaining high levels of biosecurity in poultry establishments, surveillance, accurate and comprehensive recording of associated events in wild birds, increasing surveillance in mammal species and continuous monitoring.

ECDC gave an overview of avian influenza human cases globally. **Transmission to humans is rare**, with no sustained human-to-human transmission. The ECDC's risk assessment remained that the risk of human infection with avian influenza A(H5) clade 2.3.4.4b viruses currently circulating in Europe is low, but low-to-moderate for people exposed to infected animals.

ECDC and EFSA are jointly planning a **simulation exercise** later in 2024, with participation of Member States, EU bodies and agencies to test emergency preparedness and response, and country interactions, with a One Health approach.

DG SANTE provided an update on **highly pathogenic avian influenza in ruminants**. There are two separate events (detecting H5N1 clade 2.3.4.4b) in the United States, one in goats and multiple detections in dairy cows in eight states. The U.S. Department of Agriculture (USDA) takes different measures, including isolating affected cows, diverting, or destroying milk from impacted animals, requiring pasteurisation for any milk entering the interstate commerce, minimizing dairy cattle movement, upholding biosecurity practices and testing animals.

DG SANTE reported on the **One Health pandemic pathways fact-finding visits** which included the outcomes from a recent visit to fur farms in Finland where a H5N1 outbreak in 2023 resulted in approximately 0.5 million fur animals being culled. The visit found that Finland responded largely in line with the HSC opinion on zoonotic avian influenza. The visit also highlighted opportunities to enhance the One Health system along with joint risk assessment, decision-making and preparedness planning.

12. Implementation of the Regulation 2022/2371 on serious cross-border threats to health

The objective of this session was to inform the HSC about the **implementation of Regulation 2022/2371**. DG SANTE provided an update on the preliminary findings and general recommendations from the report on EU/EEA countries' preparedness and invited Member States to exchange their views on the findings. Further work on the implementation was presented such as the set-up of the Union Plan Task Force, Article 8 ECDC's assessment missions, and the EU preparedness training programme. The ECDC Assessment Missions will start soon with three countries (Belgium, Finland, Estonia) being assessed. The list of reportable diseases has been defined. The Commission has designated six public health EU Reference Labs in March 2024. Working arrangements among the EU Agencies and DG SANTE are in place for public health risk assessment. The process for coordination within the HSC is being laid down in a draft Implementing Regulation. Member States are invited to comment.

ECDC updated the HSC on the current state of play of the **EU Health Task Force (EUHTF)**, which was set to provide effective operational response and crisis preparedness support to EU/EEA Member States and the wider global health security. DG SANTE encouraged the HSC to make use of the EUHTF.

13. Prevention in scope of the health security framework and the new ECDC mandate

DG SANTE discussed the importance of prevention as an essential step in the crisis management cycle. An **Expert Group on Public Health** was set-up in 2022 with the scope of complementing the work of the HSC through advice on policy development and transfer of best practices in topics such as non-communicable and communicable diseases, vaccination, long-COVID and antimicrobial resistance. ECDC presented their **Prevention Framework** which aims to provide strong, effective, and evidence-based prevention of communicable diseases in the EU/EEA through leveraging social and behavioral sciences. The Framework also aims to strengthen prevention, facilitate the exchange of knowledge and best practices, and to foster collaboration with key stakeholders such as EMA, and WHO. Additionally, ECDC presented activities related to prevention including training, linking people with similar experiences, facilitating exchange of questions, experiences and creating a knowledge base of good practices. The HSC provided comments on ECDC's prevention framework.

14. Early Warning and Response System (EWRS): update on developments

DG SANTE gave an update on the work being done to align the EWRS IT tool with Regulation 2022/2371 and to develop if further building on lessons learned from the COVID-19 response. **New developments to the platform** were shown, including a space for situation awareness. The EWRS technical working group will further discuss the management of the different functionalities and the type of information to be shared. ECDC gave a demonstration of existing EWRS crisis management functionalities.

15. The impact of climate change on health

The ECDC presented their surveillance activities planned for the summer which includes **enhancing surveillance for West-Nile virus from June to November** to collect and analyse data and to communicate on several vector-borne diseases. ECDC also provided the HSC with key points from its [2021 Rapid Risk Assessment](#) which focuses on the most common diseases and health risks associated with flood-affected areas.

EEA (European Environmental Agency) gave an overview of the **European Climate and Health Observatory** and its strategic objectives which include monitoring health risks, integrating adaptation in health policies, greater capacity to anticipate and prevent climate-health threats, building climate-literate health communities, and using widely known adaptation solutions and interventions.

WHO presented the second edition of their guidance for countries to develop and update their **heat-health action plans** and highlighted the aims of the updated second edition.

16. HSC 2024 work programme

As part of Regulation 2022/2371, the HSC adopts an annual work programme setting its priorities and objectives. The HSC was invited to provide **comments and feedback** on the work program by 26 April 2024. Adoption is planned by the written procedure.

17. Conclusions and next steps

- a. The HSC will follow-up on the discussion on civil-military collaboration and relevant EC services will be invited to an HSC meeting to discuss logistics, stockpiling and MEDEVAC.
- b. DG SANTE will check on the possibility to organise an exchange platform and training for civil-military collaboration.
- c. Member States were invited to send comments on Article 21 of Regulation 2022/2371 on coordination within the HSC by 26 April.
- d. DG SANTE will explore synergies between the HSC and the Public Health Expert Group regarding prevention of communicable diseases.
- e. Member States will consider national experts that can be included in the EUHTF expert pool currently composed of ECDC experts and fellows.
- f. DG SANTE will organise a meeting of the technical working group on EWRS to further discuss the digital Passenger Location Forms and the type of information shared via Epipulse and EWRS.
- g. There will be a dedicated General Working group of the HSC online meeting on 5 June to further discuss vector-borne diseases.
- h. DG SANTE will organise an online meeting of the General Working group of the HSC to further discuss climate change and health.
- i. For the Work Plan 2024, Member States were invited to send their comments by 26 April.